AMENDME	Total		Minus		-	X\$ 9=		OR	X\$18=	
	Independent		Minus	***	-					-
١٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					X40=		OR	X80 ₄	
						+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the Trighest Number Previously Past For IN THIS SPACE is less than 20, enter "20."									TOTAL ADDIT, FEE	-
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "30." ADOIT, FEE ADOIT, FEE ADOIT, FEE This Trippest number found in the appropriate box in column 1.										